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FEB 10 2005

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: **Edwin KLINGMAN** Docket: **372614-03502**
 Serial No. **09/387,938** Examiner: **Abelson, Ronald**
 Filed: **September 1, 1999** Art Unit: **2666**
 For: **TABLE DRIVEN CALL DISTRIBUTION SYSTEM FOR LOCAL AND REMOTE AGENTS**

Mail Stop Amendment
 Commissioner for Patents
 P.O. Box 1450
 Alexandria, VA 22313-1450

AMENDMENT TRANSMITTAL

Transmitted herewith are the following documents for the above-referenced application:
 22 Page Supplemental Response & Amendment under 37 C.F.R. § 1.111;

STATUS

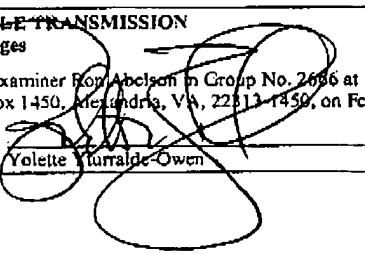
Applicant claims small entity status under 37 CFR 1.9(f) and 1.27(b).

EXTENSION OF TIME

Applicant petitions for an extension of time under 37 CFR 1.136 for the total number of months checked below:

| Extension <u>months</u> | Fee for other than <u>small entity</u> | Fee for <u>small entity</u> |
|---------------------------------------|---|--------------------------------|
| <input type="checkbox"/> one month | \$ 110.00 | \$ 55.00 |
| <input type="checkbox"/> two months | \$ 420.00 | \$210.00 |
| <input type="checkbox"/> three months | \$ 950.00 | \$475.00 |
| <input type="checkbox"/> four months | \$1,480.00 | \$740.00 |
| | | Fee \$0.00 |

If an additional extension of time is required please consider this a petition therefor.

| | |
|---|--|
| CERTIFICATE OF FACSIMILE TRANSMISSION | |
| Total: 42 pages | |
| <p>I hereby certify that this correspondence is being forwarded via facsimile to Examiner Ronald Abelson in Group No. 2666 at facsimile number 571.273.3764 and 703.872.9306 located at Commissioner for Patents, P.O. Box 1450, Alexandria, VA, 22313-1450, on February 10, 2005.</p> <p>Date: February 10, 2005</p> | |
|  | |

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FEE FOR CLAIMS

The fee for claims (37 CFR 1.16(b)-(d)) has been calculated as shown below:

| (Col. 1) | (Col. 2) | (Col. 3) | SMALL ENTITY | OR | OTHER THAN A SMALL ENTITY |
|---|---------------------------------|---------------|--------------|-----------------------------|--------------------------------------|
| Claims Remaining After Amendment | Highest No. Previously Paid For | Present Extra | Rate | Addit. Fee | Rate |
| Total 41 | Minus *0* | 41 | = 0 | x9= \$0 | x18= \$ |
| Indep. * | 9 | Minus *0* | 9 | - 0 | x43= \$0 |
| <input checked="" type="checkbox"/> FIRST PRESENTATION OF MULTIPLE DEP. CLAIM | | | +145= | \$0 | x290= \$ |
| | | | | TOTAL ADDIT. FEE \$0 | OR TOTAL ADDIT. FEE \$ |

No additional fee for claims required.
 Total additional fee for claims required \$0.

FEE PAYMENT

Attached is a check in the sum of \$ _____ for additional claims fee.
 Charge Account No. 50-2778 the sum of \$0 for _____.

FEE DEFICIENCY

In the event that: a) no check to cover the filing fee is enclosed, b) any above-referenced check is inadvertently omitted or lost, or c) any enclosed check is in an amount less than or greater than the required fee, the Commissioner is authorized to charge any required fees, additional fees, or credit any overpayment to Deposit Account 50-2778.

Attached is a postcard for date-stamped return as confirmation of receipt of these materials.

Date: February 10, 2005



Anthony B. Diepenbrock III
Reg. No. 39,960

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**SUPPLEMENTAL RESPONSE AND
AMENDMENT UNDER 37 C.F.R. §1.111**

Sir,

In response to the Examiner's telephone call on February 9, 2005, Applicant has amended the claims previously presented and submitted this response to conform with the rules regarding previously presented claims.

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